OFFICIAL RESPONSES TO VENDOR QUESTIONS
Medication Assisted Treatment Request for Proposals (RFP)

No.	Question	Answer
1.	p. 6, Section 1.2:. Is the "Infant Safe Plan of Care (ISPOC)" as defined in Section 1.2 (p. 6/42) and referenced in Section 3.3.6 and Question 9 (p. 14/42) synonymous with the "Plan of Safe Care (POSC)" referenced by federal law (42 USC 5106a), SAMHSA, and NH's state law (SB 549)?	Yes, see Addendum #1.
2.	Pg. 10, Section 3.1.1.1: Can a vendor serve only PPWI/ PWC with these funds and NOT the general population?	No. The general population is required. If the vendor chooses to also offer services to pregnant and postpartum women, they are subject to the requirements associated with that specialized service.
3.	Pg. 14, Section 3.3.6, states that selected vendors must participate in the development of an Infant Safe Plan of Care (ISPOC) with birth attendants and DCYF. We would like clarification on this, as currently, we notify DCYF of any infants affected by drugs/withdrawal symptoms/Fetal Alcohol Spectrum Disorder and they write the ISPOC. Would the vendor need to be involved beyond notifying DCYF and, if so, to what extent?	Please see addendum #1. Note that per SB549, (RSA 132:10-e Development of a Plan of Safe Care) DCYF does not need to be notified every time a IPOSC is created. The vendor is responsible for collaborating with birth attendants and appropriate Department agencies on the **completion** of the IPOSC with the family and sharing the plan with DCYF only if a report is made. DCYF is not responsible for creating the IPOSC
4.	p. 14/42 Section 3.3.6, Can the language of Section 3.3.6 be clarified to reflect SB 549 (RSA 132:10-e Development of a Plan of Safe Care)? Follow up Question: Can the language of Q.9 be clarified and amended to reflect the intent of SB 549	Yes, see Addendum #1.

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	and the prescribed process for the development of infant Plans of Safe Care in SB 549/RSA 132:10-e	
5.	Pg. 16, Section 3.6.1: Does the vendor or the HUB do the GPRAs at intake, 3 months, 6 months and discharge?	The Hub is responsible for the GPRAs. The vendor is responsible for coordinating the patient care with the Hub to ensure that the GPRA can be completed.
6.	Pg. 16, Section 3.6.2: Will vendors enter the requested data in WITS?	No.
7.	Pg. 18, Section 3.8.1.2: How will the State verify clients referrals to the HUBS? Will this be done through WITS or another software tracking system?	This will be done by state staff associated with State Opioid Response projects in collaboration with the Hubs. In some instances, if the vendor is using WITS for another contract and proposes using that system for payment under this contract, WITS will be the system used.
8.	Pg. 18, Section 3.8.1.4: How will the vendors know which clients are supported by SOR grant funds if a client self-refers?	Any clients receiving services under this contract are supported by SOR grant funds.
9.	Pg. 24, 4.2.6.3: Given the amount of funding and the requirement that when serving PPWI/PWC populations, a portion of these funds must be used to provide recovery support services that eliminate barriers to care; does the state envision this funding to be used to support the cost of MAT providers?	Vendors are responsible for submitting budgets that reflect the costs associated with offering the services under this contract, including the cost of MAT providers.
10.	General question: Does this RFP apply to "peer support programs" or development of programs that will support mothers after the first year of recovery?	This procurement is specific to the development and implementation of MAT services. Peer recovery support services may be considered as part of a comprehensive MAT program.

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		If vendors choose to offer services for pregnant and postpartum women, **postpartum is defined as up to six months post-birth for the purposes of this RFP**. Services provided to women after that time would fall under the requirements for the community based MAT. There is a separate RFP planned for the development and implementation of peer recovery support services at recovery community organizations as part of the State Opioid Response funding that may be posted separately.
11.	General question: Can organizations serving as a regional HUB apply for and receive this SOR treatment funding?	Yes
12.	General question: Can we propose to use all of the available funds to pay for everything but a provider (i.e., RSS, medications, transportation, nurses, LADCs, etc.)?	Yes, so long as the vendor can demonstrate the ability to meet all of the service requirements in the scope of work.
	Follow up Question: Can the funds be used to support a LADC?	Yes, so long as the vendor can demonstrate the ability to meet all of the service requirements in the scope of work.
	Follow up Question: Can the funds be used to support another medical or non-medical staff person integral to the scope of services described in the RFP?	Yes, so long as the vendor can demonstrate the ability to meet all of the service requirements in the scope of work.
13.	General question: Can the funds be used to pay for	Yes, so long as the vendor can demonstrate the

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	recovery housing, if housing is determined to be a barrier to care?	ability to meet all of the service requirements in the scope of work and the recovery housing payment meets the requirements in 3.8.1.6. Note that there are additional SOR funds to pay for recovery housing through the regional flexible needs funds in the Hubs and through upcoming recovery housing and peer recovery support services procurements, which may be posted as separate RFPs.
14.	General Question: With these funds, can the vendor serve individuals who come directly to the vendor for services and not through a HUB?	Yes, so long as the vendor coordinates care for the person through the Hub.
15.	General Question: Can these funds <u>solely</u> be used to expand a residential treatment center's capacity to provide MAT to its residential clients?	Yes, so long as the vendor can demonstrate the ability to meet all of the service requirements in the scope of work.
16.	General Question: Can applicants serve a portion of the IDN region, or do proposals need to include the entire IDN region in their application?	Services provided must be within one of the seven IDN regions, not throughout.
17.	General Question: Are applicants required to have an MOU with collaborative agencies within their IDN region if they plan to collaborate on this project?	MOUs are preferred but not required as part of this procurement.
18.	General Question: What must an applicant provide to demonstrate collaboration with HUB(s)?	Please see 3.2.6.4, 3.6.1, 3.7.2, 3.7.3 and 3.8.1.1.
19.	General Question: Can grant funds be used to implement and maintain GPRA system administration?	No. The vendor is not responsible for completing GPRAs on any clients, only ensuring referral to the Hub for the GRPA requirements.
20.	General Question: Does the applicant's Electronic Health Record (EHR) interface and upload to the	The vendor is not responsible for completing or submitting GPRA data on any clients, only ensuring

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	GPRA system or are they separate? Follow up Question: Does data need to be entered twice – once into the EHR and once into GPRA? Follow up Question: Does GPRA produce data outcome reports (for this project)?	referral to the Hub for the GRPA requirements.
21.	General Question: Do all of the services required to be "provided by the vendor" need to be provided directly by the applicant/vendor or can some of those services be referred out to collaborating agencies?	Subcontracts are allowed under this procurement. Please see 6.9 and 7.2.2.8.